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HORBURY URBAN DISTRICT



1964

annual report

Medical Officer of Health:

GEOFFREY IRELAND, M.B., B.Ch., B.Sc., D.P.H.

Public Health Inspector:

G. R. MILLINGTON, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.

Urban District of Horbury

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year

1964



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HORBURY URBAN DISTRICT COUNCIL

1964

Chairman of the Council:

Councillor A. V. Fallas, J.P.

Vice-Chairman:

Councillor O. Stonehouse

Public Health Committee:

County Councillor H. V. Bennett (Chairman)

Councillor R. Bate

Councillor J. Bedford

Councillor Mrs. D. E. Briggs, J.P.

Councillor A. V. Fallas, J.P.

Councillor J. Goodhand

Councillor W. Johns

Councillor J. M. Oddie J.P.

Councillor G. Senior

Councillor O. Stonehouse

Councillor W. Sykes

PUBLIC HEALTH STAFF
HORBURY URBAN DISTRICT

Medical Officer of Health and Divisional Medical Officer:

William M. Douglas, M.B., Ch.B., D.P.H. (Acting M.O.H.
1/12/63—8/3/64)

Geoffrey Ireland, M.B., B.Ch., B.Sc., D.P.H. (Appointed 9/3/64)

Deputy Medical Officer of Health and Senior Assistant County Medical Officer:

Barbara Briggs, M.B., Ch.B., D.P.H.

Public Health Inspector:

G. R. Millington, M.A.P.H.I., M.R.I.P.H.H., M.R.S.H.

Trainee Public Health Inspector:

D. W. Mosley

WEST RIDING COUNTY COUNCIL

Preventive Medical Services: Health Division 13

Assistant County Medical Officers and School Medical Officers:

Irene Hargreaves, M.B., Ch.B.

Binayendra Banerjee, M.B., B.S., D.T.M. & H., M.R.C.P.
(Appointed 1/4/64; Resigned 11/11/64)

Medical Officer to Horbury Child Welfare Centre:

A. Green, M.B., Ch.B. (Part-time)

Divisional Nursing Officer:

Miss A. Seelig, S.R.N., S.C.M., H.V. Certificate, Q.N. Admin.
Certificate (Public Health Nursing)

Health Visitors and School Nurses:

Mrs. A. Gillies, S.R.N., S.C.M. (Part 1), S.R.F.N.,
H.V. Certificate

Mrs. M. E. Crowther, S.R.N., S.R.F.N.

Senior Mental Welfare Officer:

A. Emmerson

Mental Welfare Officers:

Mr. H. H. Robinson, R.M.N., R.M.P.A., M.S.M.W.O.

Mrs. E. I. Jones, M.S.M.W.O.

Junior Training Centre—Ossett

Mrs. A. Ellis, N.A.M.H. Diploma—Supervisor

Mrs. I. Ellis (Appointed 1/6/64)

Mrs. A. Driver (Resigned 31/5/64)

Mrs. M. E. Norman

Senior Training Centre—West Ardsley

Miss I. Beaumont, N.A.M.H. Diploma—Supervisor
Miss G. Burlison, N.A.M.H. Diploma
Mrs. B. Huntrods, N.A.M.H. Diploma
Mrs. K. M. Poyner, S.E.N.
Miss G. Thornton
Mrs. E. Wright (Appointed 24/9/64)
Mr. B. K. Brook
Mr. M. Grange (Appointed 5/10/64)
Mr. R. Rattray (Appointed 26/10/64)

Speech Therapist:

Miss G. M. Carr, L.C.S.T. (Resigned 31/8/64)

Midwife:

Miss A. L. Bray, S.C.M.

Home Nurses:

Mrs. E. G. I. Beaumont, S.R.N., S.C.M. (Part 1)
Mrs. T. Pickersgill, S.R.N., Q.N. (Relief Nurse)

Chiropodist:

Mrs. M. Farrow, Registered Medical Auxiliary (Part-time)

Child Guidance Service:

Dr. E. Atkinson, M.B., Ch.B., D.Obst., R.C.O.G., D.P.M.
(Resigned 30/9/64)
Dr. K. N. Maxwell, M.B., Ch.B. (Appointed 1/11/64)
G. E. Skinner, P.S.W. (Resigned 9/11/64)
J. B. Mannix, M.Ed. Psychologist (Appointed 1/12/64)
Mrs. J. M. Spurr, P.S.W. (Appointed 2/11/64)

Chief Clerk:

A. Wright, D.M.A., D.P.A.

Clerical Staff:

J. A. H. Lane, D.P.A. (Deputy Chief Clerk)
A. C. Atack (Appointed 16/11/64)
D. Gamble (Resigned 19/7/64)
D. Leach
C. C. Roberts
P. M. Sheard
Miss C. Brennan
Mrs. G. Burton (Part-time)
Mrs. L. Crofton (Part-time)

Miss K. Edmondson
Mrs. M. E. Kilburn
Mrs. J. Mell
Miss R. M. Morris
Miss M. G. Shackleton
Mrs. M. Thornburn
Mrs. M. Wingett (Part-time)

LEEDS REGIONAL HOSPITAL BOARD
CONSULTANT STAFF

Ear, Nose and Throat Surgeon:

T. B. Hutton, F.R.C.S.

Chest Physician:

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist:

K. K. Prasher, M.B., B.S., D.O.

Pædiatricians:

J. D. Pickup, M.D., D.C.H.

C. S. Livingstone, M.B., B.S., M.R.C.P., D.P.H.

Orthopædic Surgeon:

Miss M. A. Pearson, F.R.C.S.

Divisional Health Office,
Windsor House,
Queen Street,
Morley.

To the Chairman and Members of the Horbury Health Committee

Mr. Chairman, Gentlemen,

I have pleasure in submitting my Annual Report for 1964.

Dr. Banerjee resigned on the 11th November, 1964, and his post remained vacant until 1st April, 1965, when Dr. R. D. Hall was appointed.

For the first time the Division has a full Child Guidance Team consisting of Dr. K. N. Maxwell, the psychiatrist, Mr. J. B. Mannix, the psychologist and Mrs. J. M. Spurr the psychiatric social worker.

From the vital statistics it will be seen that the Birth Rate continues at a high level with 19.4 births per 1,000 of the population. This year there were five infant deaths, three occurring in the first week of life and the remainder in the second week. All these five infants died in hospital and only one was admitted following a home confinement. In this particular case the cause of death was due to congenital abnormalities of the heart. There were nine illegitimate births, an increase of three over last year.

The major cause of death was heart disease which caused thirty-five out of the ninety-two deaths occurring in 1964. Cancer caused twenty deaths, four of which were due to lung cancer, and bronchitis was responsible for six deaths.

There were again no notifications of either poliomyelitis or diphtheria and one wonders whether in a few years time I shall be able to report the same state of affairs in the case of measles, following the general use of the new measles vaccine. This vaccine appears to give a high degree of protection in trials made in this Division because up until the time of writing this report no case of measles had been notified in a vaccinated child.

I should like to mention the Aberdeen typhoid epidemic which occurred in May and June of 1964. This epidemic was caused by an imported infected tin of corned beef which was sliced in a shop and sold loose. Other cold meats became contaminated by the use of the same slicer and multiplication of the typhoid organisms occurred in these cold meats which were stored in an uncooled display case exposed to sunshine.

That this disease became epidemic and that a store was involved which the Committee of Enquiry considered to be above average in matters of hygiene should make us all pause and consider the existing practices in many food shops today. Much more must be done in raising the standard of food hygiene, not only by statutory action but also by members of the public refusing to accept food which is not hygienically handled and I would commend to you your Public Health Inspectors observations on this matter.

I should like to thank you Mr. Chairman and Members of the Committee for your support and co-operation during the year.

GEOFFREY IRELAND,

Medical Officer of Health.

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STATISTICS

Area—1,280 acres

Population—Census, 1961: 8,642

Registrar General's estimate of resident population mid 1964—
8,820

Number of dwelling houses—3,208

Rateable Value (December, 1964)—£218,774

Product of Penny Rate (March, 1964)—£875

Summary of Vital Statistics

	Total	M	F	
Live Births:				Birth rate per 1,000 of the estimated resident population 19.4
Legitimate	162	85	77	
Illegitimate	9	3	6	
Still Births:				Rate per 1,000 (Live and still births) 5.8
Legitimate	1	1	—	
Illegitimate	—	—	—	
Total Births				
Legitimate	163	86	77	
Illegitimate	9	3	6	
Deaths	92	40	52	Death rate per 1,000 of the estimated resident population 10.4

Maternal Mortality:

There were no maternal deaths.

Infant Mortality:

There were five infant deaths, giving an infant mortality rate of 29.2 per 1,000 live births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5-52 weeks
Prematurity	2	1	—	—	—
Congenital Malformation of Heart ..	—	1	—	—	—
Atelectasis	1	—	—	—	—
Total	3	2	—	—	—

Infant Mortality Rate:

Total infant deaths per 1,000 total live births	29.2
Legitimate infant deaths per 1,000 legitimate births	29.2
Illegitimate infant deaths per 1,000 illegitimate live births ..	0.0

Neo-natal Mortality Rate:

Deaths under four weeks per 1,000 total live births	29.2
--	------

Early Neo-natal Mortality Rate:

Deaths under one week per 1,000 total live births	17.5
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Perinatal Mortality Rate:

(Still births and deaths under one week combined per 1,000 total live and still births)	23.3
--	------

Cause of Death — Horbury U.D.

Cause of Death	1962			1963			1964		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1. Tuberculosis of respiratory tract	—	—	—	—	—	—	—	—	—
2. Other forms of tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic disease..	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases..	—	1	1	—	—	—	—	—	—
10. Malignant neoplasm stomach	2	3	5	—	2	2	1	1	2
11. Malignant neoplasm — lung and bronchus	4	—	4	7	—	7	3	1	4
12. Malignant neoplasm — breast	—	1	1	—	2	2	—	2	2
13. Malignant neoplasm — uterus	—	—	—	—	1	1	—	—	—
14. Other malignant and lymphatic neoplasms	2	5	7	2	3	5	1	11	12
15. Leukaemia and aleukaemia	1	1	2	—	—	—	—	—	—
16. Diabetes	—	—	—	—	1	1	—	—	—
17. Vascular Lesions of nervous system	7	13	20	8	5	13	4	4	8
18. Coronary disease, Angina	11	8	19	12	6	18	8	9	17

Causes of Death — Horbury U.D. (Continued)

Cause of Death	Males	1962		Total	Males	1963		Total	Males	1964		Total
		Females	Total			Females	Total			Females	Total	
19. Hypertension with heart disease	—	3	3	3	3	—	3	—	3	—	3	—
20. Other heart disease	12	10	22	6	5	11	2	15	18	1	3	3
21. Other circulatory diseases	3	1	4	1	3	4	—	—	—	—	—	—
22. Influenza	—	—	—	—	—	—	—	—	—	—	—	—
23. Pneumonia	1	2	3	4	8	12	1	1	4	1	2	6
24. Bronchitis	2	4	6	2	1	3	—	—	—	—	—	—
25. Other disease of the respiratory system	—	—	—	—	—	—	—	—	—	—	—	—
26. Ulcer of stomach and duodenum	2	—	2	1	—	—	1	—	1	—	—	1
27. Gastritis, enteritis and diarrhoea	—	1	1	—	—	1	—	—	—	2	—	2
28. Nephritis and nephrosis	—	—	—	—	1	1	—	—	1	—	—	1
29. Hyperplasia of prostate	—	—	—	3	—	3	—	—	—	—	—	—
30. Pregnancy, childbirth and abortion	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital malformations	—	—	—	—	—	—	1	—	1	—	—	1
32. Other defined and illdefined diseases..	8	6	14	—	6	6	6	1	3	2	7	5
33. Motor vehicle accidents..	—	—	—	—	—	—	—	—	—	—	—	—
34. All other accidents	2	2	4	2	2	4	—	—	—	—	—	—
35. Suicides	—	—	—	—	—	—	—	—	—	—	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL - ALL CAUSES	57	61	118	51	46	97	40	52	92			

Analysis of Deaths in Age Groups

Under 1	1—5		6—15		16—25		26—35		36—45		46—55		56—65		66—75		Over 75
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
4	1	—	1	—	1	—	—	—	1	2	1	3	11	10	12	12	9 23

Principal Vital Statistics for the Year 1964

based on the Registrar-General's figures

Comparison with other Areas

	Horbury U.D.	Morley M.B.	Ossett M.B.	Wakefield R.D.	Aggregate West Riding Urban District	West Riding Adminis- trative County	England and Wales (Provisional Figures)
Birth Rate (per 1,000 estimated popula- tion	19.4	20.2	20.4	20.4	18.3	18.5	18.4
Death Rates (all per 1,000 estimated resident population). All causes	10.4	11.2	11.1	10.1	12.2	11.5	11.3
Infective and Parasitic Diseases	0.0	0.09	0.0	0.14	0.04	0.04	*
Tuberculosis of respiratory system	0.0	0.05	0.06	0.0	0.06	0.05	0.05
Other forms of tuberculosis	0.0	0.02	0.0	0.0	0.0	0.0	0.01
Cancer	2.27	2.51	2.43	1.25	2.09	2.02	2.11
Vascular Lesions of nervous system	0.91	1.53	1.79	1.48	1.88	1.74	*
Heart and Circ. Diseases	4.31	3.85	3.90	3.79	4.64	4.37	*
Respiratory disease (excluding tubercul- osis of respiratory system)	1.02	1.24	1.21	1.20	1.47	1.37	*
Infant Mortality (deaths of infants under 1 year per 1,000 live births)	29.2	19.8	31.3	25.0	22.1	22.2	20.0
Maternal mortality (deaths of mothers due to pregnancy or childbirth per 1,000 live and still births)	0.0	0.0	0.0	0.0	0.49	0.40	0.25
Still Birth Rate (per 1,000 live and still births)	5.8	14.9	24.5	11.2	18.3	17.6	16.3
Perinatal mortality rate	23.3	27.5	39.8	24.7	30.7	30.0	28.2
Neonatal mortality rate	29.2	15.1	21.9	18.2	15.4	15.4	13.8

*Figures not available

Vital Statistics over the Ten Years 1955-1964

Year	Birth Rate	Perinatal Mortality Rate	Still-birth Rate	Death Rate	Infant Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of cases of:		No. of deaths:	
								Pul-monary	Non-Pul-monary			T.B. (all forms)	Cancer of lung and bronchus
1955 ..	13.8	*	42.3	10.4	9.0	0.0	1.84	0.0	0.0	0	1	0	3
1956 ..	15.4	*	23.1	9.3	15.7	0.0	1.94	0.0	0.0	0	0	0	2
1957 ..	13.7	*	58.3	12.3	0.0	0.0	3.15	0.0	0.0	0	1	0	7
1958 ..	17.2	*	27.2	11.7	7.0	0.0	2.17	0.12	0.0	0	0	1	4
1959 ..	16.1	*	21.6	11.7	14.7	0.0	1.18	0.12	0.0	0	0	1	2
1960 ..	15.5	29.4	22.1	11.8	22.6	0.0	2.10	0.12	0.0	0	0	1	3
1961 ..	19.6	34.7	17.3	14.2	29.4	0.0	1.85	0.0	0.0	0	0	0	2
1962 ..	17.9	50.3	18.9	13.5	38.5	0.0	2.18	0.0	0.0	0	1	0	4
1963 ..	16.1	7.0	7.0	11.1	0.0	0.0	1.94	0.0	0.0	0	0	0	7
1964 ..	19.4	23.3	5.8	10.4	29.2	0.0	2.27	0.0	0.0	0	0	0	4

*Figures not available

INFECTIOUS DISEASES

Annual Notification 1960-1964

Disease	Year of Notification				
	1960	1961	1962	1963	1964
Scarlet Fever	3	8	4	3	3
Whooping Cough	7	2	2	3	1
Acute Poliomyelitis	—	—	1	—	—
Measles	15	51	70	39	15
Diphtheria	—	—	—	—	—
Dysentery	1	9	—	1	—
Meningococcal Infection	1	—	—	—	—
Acute Pneumonia	2	2	4	2	4
Smallpox	—	—	—	—	—
Acute Encephalitis	1	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—
Erysipelas	—	1	—	—	—
Food Poisoning	—	—	—	—	—
Puerperal Pyrexia	—	1	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—
Pulmonary Tuberculosis	—	3	1	2	—
Other forms of Tuberculosis	—	—	—	1	—
Malaria	—	—	—	—	—
Anthrax	—	—	—	—	—

MEASLES

The usual biennial epidemicity of this disease did not begin to show itself in Horbury until the Spring of 1965 when the number of notifications started to increase. Because of this expected epidemic the Medical Research Council began trials of a Measles Vaccine in September, 1964, trials in which this Division took part. Two doses of vaccine were given to those children aged ten months to two years who had been registered by their parents, the first being the killed type and the second, one month later, being a live vaccine. No serious complications as a result of the vaccine were recorded and up until the time of writing this report no child who was given the vaccine has been notified as a case of measles. Only 340 out of 731 of the children who were registered in the Division were able to be given the vaccination because of the shortage of the vaccine, but it is hoped further supplies will become available during the Autumn of 1965 when this group will be given priority.

TUBERCULOSIS

Cases requiring examination are referred to the Chest Clinic at Dewsbury General Hospital or the Chest Clinic at Pinderfields Hospital, Wakefield, and regular home supervision is carried out by the Health Visitor. Free milk is provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Horbury in 1964.

	Respiratory			Non-Respiratory			Total
	M	F	Total	M	F	Total	
No. on register on 1st January, 1964	10	4	14	1	1	2	16
No. first notified during 1964	—	—	—	—	—	—	—
No. of cases restored to register	—	—	—	—	—	—	—
No. of cases entered in register otherwise than by notification	—	—	—	—	—	—	—
No. removed from register during 1964:							
(a) died	3	—	3	—	—	—	3
(b) removed from district	—	—	—	—	—	—	—
(c) recovered	1	1	2	—	—	—	2
No. remaining on register on 31st December, 1964	6	3	9	1	1	2	11

This year was the first occasion in Horbury that no additions were made to the register.

The number of new cases and the number of deaths of notified cases during 1964 are given in the following table:—

Age Period	NEW CASES				DEATHS			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0—5	—	—	—	—	—	—	—	—
6—14	—	—	—	—	—	—	—	—
15—24	—	—	—	—	—	—	—	—
25—44	—	—	—	—	—	—	—	—
45—64	—	—	—	—	2	—	—	—
65 and over ..	—	—	—	—	1	—	—	—
Totals	—	—	—	—	3	—	—	—

WEST RIDING COUNTY COUNCIL HEALTH SERVICES

LOCAL ADMINISTRATION

CLINIC

Congregational Chapel, Tithe Barn Street, Horbury.

CHILD WELFARE

Monday 2—4 p.m.

RELAXATION CLINIC

Tuesday 2—4 p.m.

SCHOOL CLINIC

Monday 9-30—10-30 a.m. Thursday 9-30—10-30 a.m.

CHIROPODY

Thursday 2—5 p.m., by appointment.

IMMUNISATION AND VACCINATION CLINICS

At Child Welfare Sessions.

CHILD GUIDANCE CLINIC

Croft House, Ossett—Thursday 9 a.m.—12 noon, by appointment.

CLINICS

RELAXATION CLINIC

Clinic	No. of sessions	Total no. of women who attended	Total attendances	Average attendance
Congregational Chapel, Tithebarn Street, Horbury	48	50	336	7

CHILD WELFARE CLINIC

Clinic	No. of Sessions	No. of children who attended and were born in		Total no. of attendances made by children born in		Average attendances per session
		1964	1959-63	1964	1959-63	
Congregational Chapel, Tithebarn Street, Horbury	48	137	157	2,784	1,031	79

In accord with modern thought and practice on child care, routine weighing of babies over the age of one month ceased on a trial basis at several clinics in the Division, and after this age further

weighings were carried out at the discretion of the health visitor or clinic doctor. This procedure also permits the fully trained staff to give advice to mothers and to provide protection against the preventable diseases for children, the main aim of any Child Welfare Clinic. Attendances dropped for a short period but the overall picture showed an increase not only in attendances but also in the number of children attending the clinics. It would appear therefore that this policy is worthy of implementation in other large clinics such as Horbury.

DENTAL CLINIC

Expectant and nursing mothers are referred from ante-natal or child welfare clinics to the Dental Clinics or to a dentist practising under the National Health Service. Treatment, and this includes dentures, is free of charge provided it is completed one year after the birth of the baby. Mothers referred by a local Health Authority staff and inspected for treatment were 56 in the Division but only 34 of these completed treatment.

PROVISION OF WELFARE FOODS

Many proprietary brands of milk and other infant foods are sold at the Child Welfare Clinic for the convenience of mothers, and special brands of milk are ordered when necessary.

Welfare cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, are also distributed at the Child Welfare Clinic.

HOME NURSING

The County Council is responsible for the Home Nursing Service in Horbury, the one whole-time nurse being resident in her own home.

Type of Patient under care of Home Nurse

Classification	No. of individual patients attended	Total number of visits made
Medical	67	2,155
Surgical	17	424
Infectious Diseases	1	3
Tuberculosis	1	107
Maternity	1	10
Other Conditions	6	33
Total	93	2,732

Most of the work of the home nurse is still in the over 65 age group though there has been an increase in visits to children aged 0—5 years, many of these having undergone circumcision, an operation which once again appears to have become fashionable.

During 1964 injection therapy has fallen in the anti-biotic group but an increasing amount of hormones are now given by this method. Most patients nursed suffer from a medical condition of a chronic nature and nursing these patients, though very valuable, is time consuming and does not always need the skills of a State Registered Nurse. If dilution of the staff by State Enrolled Nurses could be envisaged the highly qualified Queen's Nurse could then undertake work she has been trained for and thus, in turn, relieve pressure on hospital beds by patients being discharged earlier into her care.

DAY AND NIGHT NURSING SERVICE

This service is an extension of the home nursing service and provides a day and night nursing service for a temporary period, usually during the terminal stages of an illness. It is designed to relieve relatives who may be near "breaking point", having cared for a patient at home for a considerable time, and this service is very much appreciated by these relatives who have been under severe strain. Persons employed are trained nurses, persons with nursing experience or "sitters in".

In the case of a patient suffering from carcinoma the Marie Curie Memorial Foundation meets the full cost, whilst the cost for other types of patients is met by the County Council. During 1964 eight patients suffering from carcinoma and three other cases received the service in the Division. As it has been possible to recruit only one S.R.N. and one sitter-in, it is fortunate that the demand has not been heavy and has been met in every instance.

MIDWIFERY

One whole-time midwife (resident in her own home) was employed by the County Council to serve the Horbury Urban District during 1964.

The following table shows the number of Horbury women confined in hospital, private nursing homes, or delivered by midwives and private practitioners in Horbury or elsewhere.

Place of delivery	No.	Percentage of Total
Delivered in Hospitals	80	46.5 %
Delivered in private nursing homes ..	—	—
Delivered by midwife (alone) in attendance	85	49.4 %
Delivered with doctor and midwife in attendance	7	4.1 %
Total (including still-births)	172	100.0 %

During 1964 the practising midwife summoned medical assistance to four mothers.

Reasons for Midwife calling Medical Aid

Mothers							
Cause							No.
Malpresentation	..	..	..	..	..	..	1
Retained Placenta	..	..	..	..	..	..	1
Ruptured Perineum	..	..	..	..	..	..	2
Total	..	..	..	..	..	..	4

The midwife is employed on full midwifery duties and there have been no appreciable difficulties in domiciliary confinements during the year.

Close co-operation with the General Practitioners has continued and in the Division seven ante natal clinics are now held in General Practitioners' surgeries which are attended by domiciliary midwives. an increase of one clinic since 1963. This co-operation which is practised in Horbury is of three-fold advantage:—

- (1) to the patient, who will get to know the midwife prior to confinement, even though this may take place in hospital, as there is an increase in the number of early discharges from hospital back to the care of the midwife.
- (2) to the midwife, who will get to know the patient she will eventually deliver or nurse after confinement. She will be familiar with all obstetric details discovered during the ante natal period, thus ensuring that as far as possible a patient has a safe delivery.
- (3) the benefit to the General Practitioner is by seeing his patients simultaneously with the midwife, therefore knowing he has a competent colleague familiar with his patient's condition, fully equipped with all knowledge available for a safe confinement.

Due to pressure on hospital beds, early discharges from hospital have increased, particularly discharges taking place 48 hours after delivery. At the moment the midwife is coping with this additional work.

PROVISION OF MATERNITY OUTFITS

These are provided free to mothers preparing for confinement in their own homes.

ANALGESIA

All midwives are trained in the administration of both trilene and gas and air analgesia and are provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. During 1964 sixty-five women received trilene in Horbury.

EMERGENCY OBSTETRIC UNIT

The "flying squad" attached to the General Hospital, Wakefield, is available for obstetric emergencies occurring within the Urban District.

CARE OF PREMATURE INFANTS

Special equipment and nursing staff are available for use in the home in cases requiring them.

Survival of Premature Infants (Hospital and Domiciliary)

Weight at Birth	No. of Premature Babies			
	Born Alive	Born Dead	No. dying within 28 days	No. Surviving 28 days
Under 2½ lbs. ..	1	1	1	—
2½ to under 3 lbs. ..	—	—	—	—
3 to under 3½ lbs. ...	1	—	1	—
3½ to under 4 lbs. ..	1	—	—	1
4 to under 4½ lbs. ...	—	—	—	—
4½ to under 5 lbs. ..	4	—	—	4
5 to 5½ lbs.	9	1	—	9
Total ..	16	2	2	14

MATERNITY LIAISON

Three Committee meetings were held at Manygates Hospital, Wakefield, and one at Dewsbury General Hospital during 1964. These meetings are attended by the Medical Officers of Health concerned, elected General Practitioners, Pædiatricians, Matrons of local Maternity Hospitals, the non-medical Supervisors of Midwives, and are under the Chairmanship of the Consultant Obstetrician. The aim of these Committees is to solve matters of mutual interest to hospital, Local Health Authorities and General Practitioners, e.g. Selection of cases and medical criteria for hospital booking in the light of the findings of the perinatal mortality survey.

HEALTH VISITING

The principal duty of the Health Visitor is health education, and for this purpose she visits the homes to give advice on the care of children and persons (including adults) suffering from illness, and

expectant and nursing mothers. The Health Visitor also gives advice in the home on the measures necessary to prevent the spread of infection, and her duties are also combined with those of School Nurse.

Summary of Health Visitors' Home Visits in Horbury in 1964

Children aged 0-5 years:								
First visits	..	..	..	..	..	..	..	552
Revisits	..	..	..	..	..	..	..	716
Total	..	..	..	..	..	..	..	1,268
Persons aged 65 years and over:								
First visits	..	..	..	..	..	..	..	22
Re-visits	..	..	..	..	..	..	..	17
Total	..	..	..	..	..	..	..	39
Visits to Home Help Cases								502
Mental Health Visits	..	..	..	..	..	..	..	5
Visits to Hospital Discharges	..	..	..	..	..	..	..	20
Household Visits (T.B. and Infectious Diseases)	..	..	..	..	..	..	..	12
Other Visits	..	..	..	..	..	..	..	307

Difficulty still exists in maintaining a full health visiting establishment and because of this shortage of trained staff certain duties in the past undertaken by the Health Visitor are now delegated to less qualified personnel, who are designated assistant to health visitor, in order to allow the fully qualified health visitor to fulfil her role as social advisor and health educator. The duties of these assistants include supervision of home helps, visiting of patients in receipt of the home help service, the initial visit having been carried out by the health visitor, attendance at immunisation sessions, Specialists and school clinics. They also play a useful part in the school health service by carrying out hygiene inspections and their inevitable routine follow-up, vision and audiometric testing, and attendance at school medical inspections except in the case of entrants, which are attended by the health visitor, who can provide a link between home and school at this all important stage of the child's life.

In 1964 attachment of nursing staff to general practitioners became County Council policy and this Division decided to put this into practice by initially attaching health visitors to general practitioners in the Borough of Morley. This attachment began early in 1965 and it is hoped to continue this policy throughout the rest of the Division.

Phenylketonuria

During 1964, 1,734 babies were tested in this Division either in clinics or in the home during the fourth week of life or as soon as possible afterwards using the "phenistix" test. All children tested proved negative and thus free from the disease which, if not treated in the early weeks of life, can produce severe subnormality. These tests can be time consuming as occasionally several visits are necessary before a satisfactory specimen of urine is obtained.

Congenital Dislocation of the Hip

A test, the Ortolani test, is carried out by the midwife in the case of a domiciliary confinement, the health visitor at her first visit to the infant, and the clinic doctor at the infant's first attendance at the Child Welfare Centre. The test is a simple one by which the hip abduction movements are checked and should a positive case be found, speedy referral to an Orthopaedic Consultant for confirmation of diagnosis and necessary treatment may save prolonged medical care and sometimes permanent handicap later on in life. Three confirmed cases during the year in this Division alone justify doing the Ortolani Test as a routine.

Jelly Patch Test for Tuberculosis

This test formerly offered to all five and six year old children as a routine was discontinued during 1964 after consultation with the Chest Physician because of its unreliability.

PRACTICAL TRAINING OF STUDENTS

This Division, by its close proximity to Leeds and Wakefield, always serves as a training ground for practical experience both for health visitor students from Leeds University and student nurses from the Wakefield hospitals. The health visitor students at present come on to the district for two days each week for two terms and are usually attached to one or two health visitors, their programme having been arranged by the Divisional Nursing Officer. It is hoped that during this period health visitor students are gaining a wide experience of the work of all members of the public health team.

Student nurses usually only have two days district experience during their general training to supplement lectures on social aspects of diseases, but even this short time with the health visitor and the district nurse teaches them some aspects of work in the public health field and also gives them an insight into the social, economic and cultural background of the patients they are nursing in the wards.

HOME HELPS

In accordance with the National Health Service Act, the County Council provide domestic help for households "where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged or a child not over compulsory school age".

Home Helps were provided in Horbury for the following reasons :—

				<i>Cases</i>	<i>Hours</i>
Maternity	....	....	....	8	233
Chronic Sick and Tuberculosis	....		....	86	8807
Others	....	....	....	5	334
				<hr/> 99	<hr/> 9374

The service continues to expand and 99 cases were attended by Home Helps during 1964 compared with 92 in the previous year. The total number of hours worked was 9,374 which is 575 less than in 1963 and was due to resignations from the service and difficulties in obtaining replacement staff. This resulted in some cases having to have less home help hours than they required and in others having to do without altogether for short periods.

CHIROPODY

Regular sessions are held at clinics in the area and domiciliary visits can be arranged where the patient is certified to be medically unfit to attend the clinic. Details of the cases treated throughout the year are given below.

Clinic	Sessions held	No. of Patients Treated				Total Treatments given			
		A.	P.H.	E.M.	Total	A.	P.H.	E.M.	Total
Congregational Chapel, Tithebarn St., Horbury	33	52	6	—	58	224	23	—	247
Domiciliary Treatments	—	22	5	—	27	88	17	—	105
Total ..	33	74	11	—	85	312	40	—	352

A. — Aged

P.H. Physically Handicapped

E.M. — Expectant Mother

IMMUNISATION AND VACCINATION

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against whooping cough, tetanus, smallpox and poliomyelitis may be done either at the Clinics or by the Family Doctor.

Diphtheria Immunisation

The number of children in Horbury who completed a full course of diphtheria immunisation in 1964 was as follows:—

Year of Birth	1964	1960-63	1950-59	Total
Completed injections in 1964	72	88	19	179
Immunised in previous years, re-inforced in 1964 ..	—	—	66	66

Whooping Cough Vaccination

Vaccination against whooping cough is available under the County Council's Scheme to infants and children up to and including the age of four years.

The number of children in Horbury who completed a full course of whooping cough vaccinations during 1964 under the County Council's Scheme was as follows:—

Year of Birth	1964	1963	1960-62	Total
Number vaccinated	74	63	25	162

During the year there was one notified case of whooping cough. The child concerned had completed a full course of vaccination.

Poliomyelitis Vaccination

In February, 1962, the Minister of Health announced that Local Authorities could obtain supplies of live attenuated poliovirus vaccine which had been prepared from strains developed by Dr. A. B. Sabin.

The vaccine is administered orally and can be taken on a sugar lump or in syrup. A primary course of vaccination consists of three doses of vaccine, each of three drops given at intervals of four to eight weeks, and the vaccine can also be used to reinforce protection previously provided by injections of "Salk" vaccine.

Number of persons completing a primary course 173

Number of persons receiving re-inforcing doses 93

Smallpox Vaccination

During the year 39 people were vaccinated against smallpox and two people were re-vaccinated.

B.C.G. Vaccination against Tuberculosis

This scheme is approved by the Minister of Health. The vaccine used is B.C.G. and is offered to all children in their fourteenth year with a view to affording protection to adolescents in the early years of their employment in industry and elsewhere.

Vaccination was offered to all children in this age-group in 1964 and the acceptance rate was approximately 60%.

The following table is a summary of the work carried out in the year:—

School	No. of children whose parents consented	No. of children Heaf Tested	No. with positive reaction	No. with negative reaction	Number vaccinated
Horbury County Secondary ..	91	81	29	52	52
Totals	91	81	29	52	52

B.C.G. Vaccination is also available at the Local Chest Clinic for the protection of ascertained contacts of cases of tuberculosis and in certain other cases.

Tetanus Vaccination

The number of children in Horbury who completed a full course of vaccination against tetanus during 1964 was as follows:—

Year of Birth	1964	1963	1960-62	1955-59	1950-54	Total
Number vaccinated	72	62	26	18	2	180

Number vaccinated in previous years and re-inforced in 1964—65

NURSERY AND CHILD MINDERS REGULATION ACT

The County Council is authorised under this Act to grant or refuse registration of both Nurseries and Child Minders. Several enquiries for registration have been investigated but no Nursery or Child Minder has been registered during the year.

CO-ORDINATING COMMITTEE ON PROBLEM FAMILIES

Many statutory and voluntary organisations are concerned with the rehabilitation of problem families. In order to bring together, for each of these families the knowledge and activities of the organisation concerned, representatives meet quarterly in Horbury Town Hall under the chairmanship of the Medical Officer of Health. A total of twenty-four cases from Horbury, Ossett and Wakefield R.D. have been discussed at the meetings during 1964.

WEST RIDING COUNTY COUNCIL HEALTH SERVICES
DIVISIONAL ADMINISTRATION
HEALTH EDUCATION

During 1964 activities in the field of Health Education have continued and the Health Visiting and Midwifery staff have devoted as much time as possible to this aspect of their work.

No formal health education has been undertaken in Child Welfare Clinics but full use has been made of opportunities for informal group discussion, poster and pegboard displays. Both the staff and the public have voiced their appreciation of the excellent pegboard displays issued by Central Office during the year. Routine weighing was discontinued in three clinics during the year thus enabling health visitors to devote more of their valuable time advising mothers on the health of their infants.

Health Visitors teach senior girls in all secondary modern schools in the Division, with the exception of two. In two schools talk on menstruation and personal hygiene are given to girls on entry to secondary school. In all participating schools but two the syllabus covers all three terms and in the remaining the talks extend over one term.

Health education on venereal disease is incorporated during talks on infectious diseases and no special campaign on this subject was undertaken during the year.

Smoking and Health was also covered by the talks given by the Health Visitors in schools following on the visit of the Mobile Unit on this topic in December, 1963.

Members of the medical and nursing staff are regularly approached by various groups of the public, e.g. Parent Teacher Association, W.V.S. and Church Groups to talk on health subjects and Health Visitors also visit local Old People's Clubs and either give a formal talk illustrated by a visual aid or encourage group discussions on various topics concerning the health and welfare of the elderly.

Mothers' Club

The Mothers' Club was started in Morley during 1964 and the inaugural meeting was held on the 25th January, 1964, when Miss M. G. Edwards, County Health Education Officer took the chair. The number of mothers attending ranges between 25 and 35 and the club meets monthly at Morley Central Clinic. Ten meetings were held during the year, seven of these were educational in character, two social functions and one was a business meeting.

Morley Home Safety Committee

A Home Safety Exhibition was held in Morley, May 29th to June 4th, under the auspices of the Morley Home Safety Committee. Stands and pegboard displays were exhibited in the Town Hall by Central Office, the Fire Service and the Gas and Electricity Boards. Films on home safety were shown by the Fire Service. At the same time a condemned house at 10 Commercial Street, Morley, was fitted with furniture and household equipment, etc., to point out the many dangers resulting from neglect and ignorance of safety in the home. The house was labelled "The Most Dangerous House in Morley" and proved a great success.

The Exhibition was opened by the Mayor of Morley and was visited during the six days as follows:—

At the Town Hall	....	....	1039
At 10 Commercial Street	....	....	1444

Most of the visitors were schoolchildren and schools followed up the Exhibition by discussions and writings of essays on the subject of Home Safety.

Gaskell Home Safety Committee

During the year Home Safety Films were shown to Darby and Joan Clubs in Crofton, Sharlston, Middlestown and Horbury, and also at the Ossett Community Centre. Copies of the Gaskell Home Safety Committee's Accident Prevention leaflet were sent to all clinics, infant and junior schools and to Darby and Joan Clubs.

A group of boy scouts from Ossett paraded as sandwich-board men in the Gawthorpe Maypole Show procession, displaying Home Safety posters.

Later in the year a Home Safety Competition (Careless Cottage Drawing) was arranged for children between seven and nine years of age who attended schools in the Gaskell area. The children were asked to pick out and list as many hazards as they could find and then colour the picture. The prizes for this Competition were presented by the Mayor of Ossett Alderman H. Smith and by the Mayoress. Miss M. Smith. in February, 1965.

THE UNMARRIED MOTHER AND MOTHER AND BABY HOMES

The unmarried mother is referred usually by the Moral Welfare Organisation, our own staff or other services. Should the unmarried mother require a place in a Home prior and after delivery of her baby this can be arranged and financial responsibility is undertaken by the County Council provided she is a bona fide resident of the

West Riding. The mother enters the Home during the latter part of her pregnancy is admitted to hospital for her confinement and returns to the Home for a further few weeks after the birth of her baby. Twelve such cases were accommodated in Mother and Baby Homes during the year.

Of the total of 98 live illegitimate births 46 were dealt with as indicated below:—

		West Riding Cases	Non- County Cases	Total
1 <i>Number of cases dealt with during the year:—</i>				
(a) Referred by Moral Welfare Organisations	....	8	—	8
(b) Ascertained through own staff (midwives, etc.)	....	18	—	18
(c) Referred by other services	....	20	—	20
	TOTALS	46	—	46

2 *Analysis:—*

(a) Married★				
(i) with previous illegitimate children	....	3	—	3
(ii) without previous illegitimate children	....	3	—	3
(b) Single				
(i) with previous illegitimate children	....	7	—	7
(ii) without previous illegitimate children	....	31	—	31
(c) Widowed or Divorced				
(i) with previous illegitimate children	....	—	—	—
(i) without previous illegitimate children	....	2	—	2
	TOTALS	46	—	46

★ For the purpose of the scheme, a married mother of an illegitimate child is included, when known as such, as an unmarried mother

3 *Ages:—*

(a) Under 15	....	—	—	—
(b) 15—19	....	18	—	18
(c) 20—24	....	18	—	18
(d) 25—29	....	4	—	4
(e) 30—39	....	5	—	5
(f) 40 and over	....	1	—	1
	TOTALS	46	—	46

4 Disposal:—

(a) Cases settled:

(i) Marriage	....	....	....	....	....	1	—	1
(ii) Baby died	....	....	....	....	....	3	—	3
(iii) Grandparents to take baby				....	....	—	—	—
(iv) Baby adopted		....	....	....	....	16	—	16
(v) Baby fostered		....	....	....	....	—	—	—
(vi) Mother keeping baby			....	....	....	26	—	26
(b) Cases referred elsewhere	....	....	....	....		—	—	—
(c) Cases in which action has been taken but not finally settled	....	....	...	....	....	—	—	—
TOTALS						46	—	46

Close co-operation between Moral Welfare Workers, Children's Officers and Health Visitors exists, thus ensuring the best possible arrangements for the infant.

CARE AND AFTERCARE

Recuperative Home Treatment

22 patients were sent to various convalescent homes from this Division during the year following medical recommendations from the family doctor. Applications are only considered where the patient is recovering from an illness and when it is likely that a period in a convalescent home would hasten recovery.

Provision of Nursing Equipment in the Home

1,140 items of nursing equipment were issued to patients being nursed in their own homes. Such equipment included commodes, bed pans, rubber sheets and wheel-chairs. The latter are for temporary use only as chairs for permanent use are supplied by the Ministry of Pensions through the hospital service.

Four modern wheel-chairs were received as a gift from the Ossett and Horbury Round Table for the use of patients in that area. All these chairs are now in use.

Incontinent Patients

A laundry service for these patients is available in Morley Borough where arrangements can be made for the soiled linen to be collected and taken to Dewsbury General Hospital for washing. This service is gradually being superseded by the use of disposable pads which are being used in the rest of the Division. These pads can be changed more frequently than bed linen and are therefore much more convenient.

Hospital Liaison

Four health visitors are engaged in hospital liaison work, two undertaking premature baby liaison at Wakefield General Hospital, Manygates Maternity Hospital and Leeds Maternity Hospital. One carrying out geriatric liaison with Headlands Hospital, Pontefract, and one diabetic liaison with Clayton Hospital, Wakefield.

Premature Baby Liaison

This takes place at Manygates Hospital and Wakefield General Hospital. The health visitor visits weekly and obtains environmental reports for the Pædiatricians and notifies the Divisions of the pending discharge of a premature baby. The health visitor also attends a follow-up clinic at Manygates Hospital and although this is a comparatively new venture, it appears to be a successful one.

At Leeds Maternity Hospital premature baby liaison consists of the health visitor joining a ward round on the premature baby unit, providing Professor Craig with environmental details obtained by telephone contact with the respective health visitor and attending a follow-up clinic.

Liaison with the Department of Pædiatrics at Leeds General Infirmary comprises of a ward round and attendance at Professor Craig's clinic, where children usually of school age and largely suffering from emotional difficulties are seen. The health visitor is responsible for the exchange of information between the Department of Pædiatrics and the Divisional Medical Officer concerned and obtains records of home environment and scholastic attainments.

Diabetic Liaison

The health visitor attends Dr. Fletcher's Diabetic Clinic every Monday at Clayton Hospital. She does follow-up visits to diabetic patients in her own area and refers patients together with detailed instructions regarding diet and insulin therapy to the health visitor responsible for the patients seen from other Divisions.

Geriatric Liaison

The liaison health visitor contacts Headlands Hospital twice daily, when patients are referred to her whose admission to hospital has been requested by their General Practitioner. The health visitor visits and writes a report giving all relevant details to the Geriatrician, including degree of urgency for admission. Should an admission be of a very urgent nature the hospital is contacted by 'phone rather than by written report and arrangements are made without delay, providing a bed is available. The health visitor also attends a weekly discharge review round where arrangements are made for the patient to return home, and this includes notification of relatives and mobilisation of statutory and voluntary agencies should these services be required.

Tuberculosis Liaison

The weekly visits by two health visitors to the Chest Clinic at Dewsbury and Wakefield were discontinued as it was felt that due to the decline of notifications of tuberculosis over the last few years the time of the health visitor could be put to a more advantageous use. Before this decision was reached the County Medical Officer was approached on this matter and after discussion at a meeting of Chest Physicians it was resolved that liaison with the Chest Clinic should now be direct with the health visitor concerned or via the Divisional Health Office.

MENTAL HEALTH

Mental Welfare Officers

There are two Mental Welfare Officers in the Division who are concerned with the pre-care and after-care of mentally disordered persons, and with the admission of such patients to hospital when this becomes necessary. A twenty-four hour service is operated for the admission of patients to Psychiatric Hospitals. Recognition of the Mental Welfare Officers' services in the community is steadily gaining ground and liaison between Health Visitors, Welfare Officers, Probation Officers, Police, Youth Employment, Ministry of Labour, W.V.S. and other agencies, both voluntary and statutory, is very good in this Division. Co-operation with the General Practitioners is improving and more of them are drawing the attention of the Mental Welfare Officers to patients who can benefit from an opportunity to talk to a person with a special experience in mental health. Such first-aid treatment sometimes averts a complete breakdown and hospitalisation.

Good relationship exists with the hospitals in the catchment area and the Consultant Psychiatrists appear to have quite a high degree of confidence in the services of the Mental Welfare Officer in the community. Social and environmental histories are obtained and submitted to the various Consultants as regards in-patients and referrals are regularly received in respect of in-patients on their discharge from hospital.

Geriatric cases do present a big problem and requests for admission to a Psychiatric Hospital are not infrequently made when a geriatric bed in a General Hospital or Part III Accommodation would be more appropriate, if places were readily available.

The Mental Welfare Officers attend regular case conferences, hospital out-patients clinics and frequent in-service training courses are held at Grantley Hall.

Patients under Local Health Authority Care in Division 13

Number of Patients	Mentally Ill		Psychopathic		Subnormal				Severely subnormal			Total subnormal and severely subnormal		Grand Total of Cols. (1)–(16) (19)					
	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over	Under age 16	16 and over							
(a) Total number	M (1)	F (2)	M (3)	F (4)	M (5)	F (6)	M (7)	F (8)	M (9)	F (10)	M (11)	F (12)	M (13)	F (14)	M (15)	F (16)	Under age 16 (17)	16 and over (18)	
(b) Attending day training centre	—	—	137	179	—	—	—	—	16	15	76	51	1	2	3	—	34	130	480
Awaiting entry thereto	—	—	—	—	—	—	—	—	16	15	23	13	1	2	1	—	34	37	71
(c) Resident in residential training care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting home training	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. home/hostel	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	2
Resident at L.A. expense by boarding out in private household ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) ..	—	—	136	179	—	—	—	—	—	—	52	38	—	—	2	—	—	92	407

Psychiatric Social Club

This Club is held every week at Morley Clinic and since it was started in 1962 the number of names on the register has totalled thirty-one. Its purpose is to assist in the social rehabilitation of patients discharged from hospital and to serve as a link between the hospital and domiciliary services. The attendance fluctuates considerably and though the highest weekly number has been in the region of fifteen, this has not been maintained for many weeks at a time, and the average number has been eight. At least ten members are now working satisfactorily and have reached a point where they wish to remain at home at the end of their day's work and they no longer attend the Club.

Training Centres

Ossett Junior Training Centre

The year started with 21 children on the register and ended with 26, the age range being 3—11 years. Ten children were admitted and five left during the year and of these five, one was transferred to an ordinary infants' school and one to a day special school for educationally subnormal children.

Ages of Children in Attendance at Ossett Training Centre

Sex	AGE									Total
	3+	4+	5+	6+	7+	8+	9+	10+	11+	
M	—	—	2	3	5	1	2	2	1	16
F	—	1	2	2	—	2	1	1	1	10
Total	—	1	4	5	5	3	3	3	2	26

The staff consists of the Supervisor, an Assistant Supervisor and a General Assistant. There is a kitchen staff of one who works part-time—the meals being supplied by the School Meals Service.

For training purposes the children are normally split into two groups—a reception group where the aim is social training, learning to play and live with one another and toilet and hygiene training. A second group deals with numbers and pre-reading work, art, music and movement and is a group with which much rewarding experimentation has taken place and the children are encouraged to develop a sense of personal independence and responsibility.

Students on the N.A.M.H. Training Course at Sheffield are seconded to the Centre for practical training.

Visits of observation were commenced in 1964 and several visits to a farm were made at the different seasons of the year. This theme was then developed in the general class work.

The crew of H.M.S. Zulu have "adopted" the Centre and they send items of interest from their many ports of call.

The Parent Teacher Association continues to flourish and their activities include a Spring Fair, Garden Party, Christmas Party and a Dinner Dance. Funds have been raised for many items of equipment for use at the Centre.

West Ardsley Training Centre

The new Training Centre at West Ardsley is now well established, since being opened in April, 1963. There were 54 trainees on roll from the age of 11+ upwards, and has places for 24 Juniors, 23 Adult Males and 23 Adult Females.

Ages of Trainees in Attendance at West Ardsley Training Centre

Sex	TRANSITIONAL					ADULT				Total
	11+	12+	13+	14+	15+	16+	20+	30+	40+	
M	—	5	—	—	2	9	9	—	3	28
F	—	3	—	3	2	5	4	—	3	20
Total	—	8	—	3	4	14	13	—	6	48

The Junior Wing, which accommodates children under the age of 16 years, now has a full and varied time-table. The aim is to provide as rich an environment as possible, to enable the handicapped child to develop his limited abilities and skills and so make him socially acceptable within the community. A number of these children are physically handicapped in addition to being subnormal.

The older group of the Junior Wing is named the Transitional group. There the trainees are prepared for transfer into the Adult departments. This transfer period lessens the shock of moving when the trainees reach the age of 16. The activities of this group are pointed towards adult life. Very simple woodwork is being undertaken with the boys, and they are allowed in the Adult workshops one afternoon per week. The girls are beginning to undertake simple laundering tasks and simple cookery.

Visits of observation have been undertaken from time to time and the trainees and staff visit the local Church once a month for a service which is arranged specially by the Vicar of East Ardsley.

The Adult Department is a very busy one. On the female side the girls do all the laundry for the Centre, and simple contract work is undertaken for County Supplies for such things as workholder cases, blotting pads, washleather mops, flour bags, blackout curtains, dressing gowns and pinarettes.

The Male Adult department is undertaking such contract work for County Supplies as art easles, blackboard cleaners, sketching boards, building blocks, corner flag poles for football fields, etc. The men also have a private contract for a local wireworks. This consists of wire bending by the aid of jigs and thousands of these are being turned out each week.

Social training is continued in the Adult department and includes such things as writing, reading, cookery, hygiene, time-telling, time planning, how to use a telephone, shopping, money values, post-office procedures and services.

A Parent Teachers Association was formed early in 1964 and is operating successfully. This association helps in bringing the parents together, along with the staff, to talk over any problems which may arise.

Special Care Unit

The Special Care Unit is situated in the West Ardsley Training Centre and has six places for the severely subnormal and who in many cases are badly physically handicapped. Some of these patients have to be fed on liquids only. One child who was admitted to this unit progressed at such a rate that she was transferred to Ossett Junior Training Centre after a year.

The ages in the Special Care Unit are varied, and are as follows :

AGES IN YEARS					
Males			Females		
5	10	25	4	7	17

This Unit serves a valuable purpose in that it gives great relief to parents throughout the day as the patients are conveyed to and from the Centre by special transport.

Hostels

The hostel at West Ardsley for 30 subnormal adults is in the process of construction and it is anticipated that it will open in mid-1965.

A start has also been made on the second hostel at West Ardsley—but this will cater for post-psychotic cases and it is likely to be completed in 1966.

SCHOOL HEALTH

1964 presented no great material changes in the day to day administration of the School Health Service. Due to resignations of some of the medical and nursing staff certain difficulties have been experienced but with the valuable help of general practitioners all our commitments have been met and completed.

During the year, 3,723 children were examined under our routine and selective scheme of medical examination and it is encouraging to note that only one child was considered to have an unsatisfactory general physical condition.

School Population

	Morley	Ossett	Horbury	Wake- field Rural	Total
No. of departments	29	11	6	18	64
No. of children in attendance	5,631	2,530	1,210	2,520	11,891
No. of children examined ..	1,799	801	366	757	3,723

Group	Morley		Ossett		Horbury		Wakefield R		Total	
	Satis.	Un-satis.	Satis.	Un-satis.	Satis.	Un-satis.	Satis.	Un-satis.	Satis.	Un-satis.
Entrants ..	647	—	300	1	159	—	292	—	1,398	1
Leavers ..	571	—	225	—	93	—	144	—	1,033	—
Total ..	1,218	—	525	1	252	—	436	—	2,431	1

Routine School Inspections

The children in the Junior Schools are covered by the non-routine scheme and so are not routinely examined.

The number of these children is included in the number of Special Examinations as indicated in the following table.

Special Examinations

Type of Examination	Morley	Ossett	Horbury	Wake- field R.	Total
Special Examinations ..	318	206	59	182	765
Selective Examinations ..	263	70	55	139	527
Total	581	276	114	321	1,292

Cleanliness

111 children were excluded from school during the year on account of head infestation and 11 children were compulsorily cleansed. The health visitor attends her schools at frequent intervals throughout the year to examine the children and where unclean and verminous conditions are found to exist the parents are informed and are instructed in the application of an effective remedy. Statutory action is taken in cases of default.

Cleanliness Inspections

	Morley	Ossett	Horbury	Wake-field R.	Total
No. of children examined ..	13,512	2,492	3,283	7,132	26,419
No. of cases of infestation ..	272	103	20	129	524
% of infestation	2.0%	4.5%	0.6%	1.8%	1.9%
No. of individual cases of infestation	186	92	7	62	347
No. of children excluded from school	58	20	3	30	111
No. of cleansing notices issued	20	8	1	12	41
No. of cleansing orders issued	11	2	—	3	15
No. of children compulsorily cleansed	10	1	—	—	11

Vision

All children with a visual acuity of 6/9 are kept under observation and those with less than 6/9 vision are referred for specialist examination. The following table presents a summary of the findings.

Results of Vision Test

Age	No.	Normal		Observation		Treatment	
	Exam-	No.	%	No.	%	No.	%
5 ..	1,398	1,279	91.49	43	3.07	76	5.44
7 ..	1,239	1,136	91.7	81	6.5	22	1.8
9 ..	924	787	85.2	106	11.5	31	3.3
11 ..	848	724	85.4	108	12.7	16	1.9
13 ..	1,215	1,033	85.0	114	9.4	68	5.6
15 ..	1,033	883	85.5	55	5.3	95	9.2
Total ..	6,657	5,842	87.8	507	7.6	308	4.6

As it will be seen, regular vision testing is now being carried out in all schools.

Hearing

The year saw the start of routine audiometric testing of all seven year old children using the pure tone audiometer and of 1,096 children tested by the staff, 73 were referred to the school medical officer for further investigation. It does not follow that all these 73 had an actual hearing loss, as this test is a screening test and children suffering from a cold for example could fail the test but on recovery could have normal hearing.

CLINIC AND CONSULTANT SERVICES

Refraction Clinic

Refraction Clinics staffed by specialists are held at Morley and Ossett and the following table illustrates the work done at these clinics.

Attendances at Refraction Clinic in 1964

	Morley	Ossett	Total
No. of sessions held	43	21	64
No. of new cases	150	59	209
No. of refractions carried out	588	241	829
No. of cases where spectacles were pre-scribed	223	109	332

Ear, Nose and Throat Clinic

Children requiring specialist examination are referred to the hospital clinics at Batley and Wakefield after the consent of the general practitioner has been obtained.

Pædiatric Clinic

A specialist from Leeds, Dr. G. Lewis, holds this clinic at Morley Central Clinic once a month and children are referred to him by the school medical officers and the general practitioners, appointments being made through the Divisional Office. During the year 26 children made 39 attendances, and those requiring further investigation were referred to the specialist departments in the Leeds Hospitals.

Child Guidance Clinic

The Child Guidance Clinics in Ossett and Morley have been operative for almost two years and towards the end of 1964 the clinics were changed from fortnightly to weekly. The Child Guidance Team which is complete for the first time consists of a Psychiatrist, a Psychologist and a Psychiatric Social Worker. Referrals to the clinic come from several sources, the main ones being general practitioners, school medical officers and probation officers.

During the year 34 children made 109 attendances. 19 new cases were referred during the year and 13 children were discharged from the clinic such that at the end of the year the case load was 21.

Each case can take from a half to up to one hour in consultation and it is time wasted when a parent fails to inform us beforehand of their intention to break an appointment, particularly when a request to this effect is included in the letter of invitation.

There is of course a national shortage of places for maladjusted children in Hostels and Special Schools, nevertheless, it is regrettable that out of three children referred for admission since the clinics started only one has been placed, and he only at the end of 1964.

I should like to see an extension of this service into the field of prevention whereby the psychiatrist is available to deal with behaviour problems in the very young child. I can envisage the psychiatrist or the assistant county medical officer with special experience in psychiatry holding "behaviour clinics" perhaps at the same time as the child welfare clinics whereby mothers and their infants are seen by appointment. Referrals could be from clinic doctors, general practitioners or health visitors, particularly as the latter two become more and more integrated. This early detection and treatment, on a very informal basis, without the big step of stating that child guidance, as such, is necessary, would I feel, be acceptable to the parents and go a long way to preventing mental illhealth in later life.

Speech Therapy Clinic

The Speech Therapist resigned in September, 1964, and as yet no applications for the vacant post have been received. Prior to her resignation there was no child awaiting therapy but by the end of the year 76 children were awaiting treatment. During the nine months the clinic was functioning 94 children attended and received treatment.

HANDICAPPED PUPILS

During the year 34 children were either initially ascertained or re-examined and at the end of the year there were 240 handicapped pupils on our register. Of these 153 were either in or requiring education in a special school or at home and were in the following categories.

Categories of Handicapped Pupils at or Requiring Special Schools

Category	Morley	Gaskell	Total
Blind.. .. .	1	—	1
Partially Sighted	—	6	6
Deaf	2	5	7
Partially Hearing	2	1	3
Educationally Subnormal	53	62	115
Physically Handicapped	5*	7*	12*
Maladjusted	2	2	4
Delicate	4	—	4
Epileptic	—	1	1
Total	69	84	153

* 2 children were receiving home tuition

12 physically handicapped children were awaiting placement in special schools at the end of the year, but the biggest problem is the provision of appropriate special education for the educationally sub-normal as 42 were still awaiting placement and were attending ordinary schools. The County Council has in its building programme provision for new E.S.N. Schools and one is to be built at Crofton in the next year or two which should ease the situation in the future.

In addition to the above there were 85 E.S.N. children receiving special educational treatment in the ordinary school but one must wonder whether there are sufficient remedial teachers to cope with this sort of demand.

Pre-School Handicapped Children

The recording of Congenital Abnormalities continued during the year and 1,188 children were examined who were born between 1/12/62 to the 30/11/63. 26 children were found with abnormalities. This scheme was a stop gap one introduced as a temporary measure by the County Council and has now run down and is being replaced by the national scheme which began in the West Riding on the 1/2/64. Under the national scheme congenital abnormalities are notified by the midwife on the birth notification card, in addition to this a card index is kept in the Divisional Health Office of all children who are born with or develop a handicap either physical or mental which may be of such a degree as to necessitate special arrangements for the child's education. These children are closely supervised, frequently visited by the health visitors, and their reports are submitted to the School Medical Officers who will eventually come to a decision re the best possible arrangements for every particular child.

CONCLUSION

The excellent relationship which exists between this department and the Headteachers has been maintained during the year and hardly a day passes without some consultation takes place over a particular child. A similar relationship exists between the department and the general practitioners whose permission is always readily forthcoming when the School Medical Officers recommend referral of a school child for a specialist opinion.

GENERAL PROVISION OF HEALTH SERVICES

HOSPITALS

General Hospital Accommodation

There are no hospitals within the Urban District of Horbury, but reasonably adequate facilities are available in Wakefield, Dewsbury and Leeds, under the administration of the Leeds Regional Hospital Board.

Isolation Hospitals

Patients with infectious disease may be admitted to Snapethorpe Hospital, Wakefield, or Seacroft Hospital at Leeds. The latter hospital admits all cases of acute poliomyelitis from this area.

Maternity Hospitals and Maternity Homes

Maternity hospital facilities are available at centres in Wakefield, Dewsbury and Leeds, and there is a maternity home in Morley. Priority is given to abnormal cases and to mothers living in conditions unsuitable for domiciliary confinement.

Hospitals Specialising in Mental Disorder

In addition to the Stanley Royd Hospital, Wakefield, Meanwood Park Hospital, Leeds, and Westwood, Bradford, the Regional Hospital Board has now received Ministry of Health approval for the provision of a new hospital for mentally sub-normal patients on a site adjacent to Pinderfields and Stanley Royd Hospitals, Wakefield. This hospital will have 480 beds of which 100 will be for children and 46 for adolescents. There will also be an "infirmary" unit of 20 beds for those sub-normal patients suffering from acute medical or surgical conditions. A rehabilitation unit will be provided and in order to facilitate the close liaison with the Local Health Authority Services, accommodation is to be provided for the mental welfare staff. It is expected that work will commence on the hospital towards the end of 1968.

AMBULANCE SERVICE

The local ambulance service is provided by the West Riding County Council. All calls for the ambulance service should be made to the Ambulance Headquarters, Tel. No. Bradford 682211.

LABORATORY FACILITIES

The Public Health Laboratory at Wood Street, Wakefield (under the administration of the Medical Research Council of the Ministry of Health) accepts specimens for bacteriological, biological, entomological and chemical investigations from General Practitioners and Public Health Department Staff.

Urban District of Horbury

ANNUAL REPORT

OF THE

PUBLIC HEALTH INSPECTOR

and Cleansing Superintendent

1964

REPORT OF THE PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT, 1964

Town Hall,
Horbury.

April, 1965.

*To The Chairman and Members of the
Horbury Urban District Council*

Mr. Chairman and Members,

I have pleasure in submitting my seventh Annual Report which deals with the work carried out by the Department during 1964.

New legislation during the year included the Housing Act, 1964, the Protection from Eviction Act, 1964, The Scrap Metal Dealers Act, 1964, and the West Riding County Council General Powers Act, 1964.

Legislation increases at such a prolific rate that even if only a small proportion each year falls on the Public Health Department the cumulative effect is considerable.

Refuse Collection and Disposal

With modest exception due to statutory holidays, etc., a weekly collection service has been maintained. The delivery of the new 20 cubic yard Pakamatic vehicle in July assisted in providing a regular service.

Disposal of refuse continues at the former sand and gravel quarry at Horbury Junction, a site which is sufficiently isolated as to make it possible for the tipping process to be carried out without complaint, although work on the projected motorway will soon cause us inconvenience together with a possible shortage of covering material. Table No. 12 shows vehicle mileages during 1964 and Table No. 3 indicates the amount of refuse dealt with.

Salvage

The figures for salvage sales are shown in Table 4. Clean white newspapers and fibre board containers are particularly wanted to increase our supplies to the Board Mill. An increase in salvage can mean a decrease in imported pulp to the benefit of the country as a whole.

Food Hygiene

Routine visits to food shops continued throughout the year. Although a great deal of progress has been made since the war it is still not unusual to find shop assistants handling unwrapped cakes and pastries. Customers should insist on their right to have clean food. Cakes and pastries which are not wrapped should be served by means of clean tongs. Food handlers who think there is a lot of fuss about

nothing should be reminded of the 27 fatal cases of food poisoning recorded by the Public Health Laboratory service during 1963. Meat and meat products continue to be principal sources of food poisoning. Wherever possible butchers should keep their cooked meats counter separate from the raw meat counter to avoid risk of cross infection to made up products which will receive no further cooking before consumption.

One of the lessons of the Aberdeen typhoid outbreak should be that bacon or meat slicers used for different types of meat product should be cleansed frequently—particularly when used for different types of cooked meats. Sterilizing agents should be used and the machine dismantled.

Consumers must be vigilant and fearless in criticising unhygienic methods in food shops and food shop assistants should remember that the lives of the customers are in their hands. Clean hands, clean habits, clean equipment, clean shops can quickly add up to clean food.

Meat Inspection

All animals killed at the small private slaughterhouse in the area are inspected. Tables 6, 7 and 8 indicate the results of these inspections.

Sewage Disposal and Sanitary Accommodation

Although there are only nine houses which cannot be connected to the sewer there are still many houses where sanitary accommodation is shared. Improvement grants are available but many property owners will not make use of them to improve their properties. Reluctance is not all on one side however, some tenants are too short-sighted to see the benefits of an improved house and are too reluctant to pay for extra facilities.

WATER SUPPLY

16 samples of tap water were taken by my department during 1964 with the following results:—

No. of samples taken	Source of samples	Samples containing	
		Coliform bacilli	Bact. coli. (Type 1)
16	Cold water taps over sinks	2	—

Further samples showed satisfactory results.

Mr. D. B. James, Chemist of the Wakefield & District Water Board, has kindly provided the following information:—

- 1 The quantity of water consumed during 1964 was 139 million gallons and this water originates in the Board's Catchment area in Ripponden. It is treated at the Jaw Hill Filter Works, Kirkhamgate, and is fed via Wakefield City to Horbury.
- 2 The raw water is checked bacteriologically every week. The majority of these samples were unsatisfactory, containing E. Coli.
- 3 The treated water is checked bacteriologically every week and all samples were very satisfactory showing the effectiveness of treatment.
- 4 Weekly chemical analyses are taken, a copy of a typical report of both treated and untreated water is shown below.
- 5 The fluoride content is less than 0.1 mg/litre.
- 6 As this is a treated supply and the pH is kept between 7.5 and 8.5 there is no likelihood of contamination by lead.
- 7 No contamination occurred in this supply. All new mains laid were chlorinated and tested to ensure no contamination before they were used.

TYPICAL CHEMICAL ANALYSES OF UNTREATED AND TREATED WATER

	UNTREATED	TREATED
Appearance	Slightly coloured and turbid	Clear and colourless
Colour (Hazen)	10	Less than 5
Chloride (mg/litre Cl)	25	25
pH	6.7	8.0
Electrical Conductivity (Dionic) ..	105	120
Alkalinity (mg/litre CaCO ₃) ..	10	15
Hardness (mg/litre CaCO ₃) ..	40	60
Iron (mg/litre)	0.2	—
Manganese (mg/litre)	0.1	—
Free Chlorine (mg/litre)	—	0.10
Total Chlorine (mg/litre)	—	0.15

At 1st April, 1964, there were 3,208 dwellings in the Urban District with a mid-1964 population estimate of 8,820. Water is supplied directly into all dwellings except for one caravan which has a standpipe.

Common Lodging Houses

There are no registered common lodging houses within the District.

Food and Drugs

Food sampling is carried out by the County Council and Table 15 refers .

Milk: Samples were taken for examination for *Brucella Abortus* as follows:—

Number of samples of raw milk examined 23

Number of positive samples found 2

Action taken in respect of positive samples: Notice under Regulation 20 of the Milk and Dairies Regulations, 1959, requiring heat treatment before sale; sampling of herd and isolation and removal of infected cows.

Housing

Four houses were demolished during the year. A total of 41 houses were built—all by private builders.

No certificates of disrepair were granted during 1964 but three certificates were cancelled on completion of repairs.

Table 13 refers to the number of applicants for Council accommodation as at 31st March, 1964. A recent decision of the Council will mean that Registers 5 and 6 will be incorporated with Registers 1, 2, 3, 4 and 7, and this table will thus appear in a different form next year. The number of applicants for bungalows continues to mount.

One of the most important outcomes of the Council's decision to erect a small number of non-traditional bungalows in Honley Square could be the long overdue appreciation of modern heating appliances and satisfactory thermal insulation, and I feel that any future development should be adequately insulated to prevent heat losses.

We are nearing the end of the present clearance proposals and in due course a further look at the situation will have to be taken. More pressure will have to be brought to bear to increase the number of houses improved by means of grant. The problem of "slum" clearance is different here to in a town. Old detached properties—which would undoubtedly have been demolished in any city clearance proposals—remain in existence, and certainly could continue to do so were they all provided with modern facilities. It is certain, however, that before very long a further re-assessment of old residential property—particularly that on either side of High Street and Queen Street—will have to be made.

Insect and Rodent Control

Visits were made in connection with insect and rodent control. A free service is available to private householders.

Sewer treatments are contracted out to a specialist firm.

Petroleum Acts, etc

18 licences were issued during 1964 in respect of 13,700 gallons of petroleum spirit or mixtures. Licencees are reminded of their responsibility for safe storage of these dangerous materials and each application for licence must be accompanied by an undertaking that the conditions of the licence are being complied with.

Atmospheric Pollution

Smoke Control Area No. 1 came into operation in September, 1964, and—after a rather hesitant launching—now seems to be operating without undue difficulty except for dwellings equipped with one particular make of appliance. Efforts are being made, at the time of writing, to resolve these difficulties.

Improved grant provisions in Area No. 2 (which is due to operate from September, 1965) should result in an easier birth.

The principle of Clean Air now seems more acceptable to most people than it used to be, although there will no doubt always be the hard core of “diehards” (from bronchitis??) who delight in pushing soot and smoke into the atmosphere, into their neighbours’ lungs and onto their washing. It will obviously be some years before real benefits are noticed as smoke control areas in this, and surrounding, authorities gradually spread. Cynics ask about sulphur pollution and pollution from vehicles. Because we cannot solve all our problems at once doesn’t mean we should not start with those that we can solve.

Offices, Shops and Railway Premises Act

Inspections under this Act commenced in late 1964. It is hoped that by the end of 1965 all registered premises will have been visited.

Conclusion

The following Tables summarise the work of the Department during the year under review, and you will also find comparisons with happenings in 1914—fifty years ago.

My thanks to all my colleagues who have helped me during the year and to Members of the Council for their support and consideration.

I am, Mr. Chairman and Members,

Your obedient Servant,

G. R. MILLINGTON,

*Public Health Inspector and
Cleansing Superintendent.*

FIFTY YEARS AGO

It is interesting, and not always completely useless, to look back into the "good old days". Here are some comments and figures from the report of the Acting Medical Officer of Health and the Sanitary Inspector for the year 1914. The comments in italics refer to 1964. "Dr. Garden, your Medical Officer of Health, is at present on active service with the British Expeditionary Force".

"I estimate the population of the district to be 7,850."

(Population 1964—8,820)

"There is in the district approximately 647 privies, 329 privy middens, 76 dry ash places, 600 dustbins and 11 cesspools."

(1964. All houses now have use of dustbins. There are no privies.)

"During 1914, 69 new houses have been erected and 45 of these are provided with baths."

(All new houses now have baths or showers.)

"The number of deaths registered in the district of infants who died before reaching the age of 1 year was 13. This is equal to an infantile death rate of 69.6 per 1,000 births registered. This is the lowest on record for the district."

(1964. Infant Mortality Rate 29.2 per 1,000 live births. Average 1960-64=23.9 per 1,000)

"During the year the following cases have been notified:—

Diphtheria	....	....	98	<i>(1964 Nil)</i>
Scarlet Fever	....	....	12	<i>(1964 3)</i>
Erysipelas	....	....	22	<i>(1964 Nil)</i>
Typhoid Fever	....	....	2	<i>(1964 Nil)</i>

"Diphtheria: At one period the disease became very prevalent, and although not exactly taking epidemic form the situation was regarded as serious. During the period February, March and April, 51 cases were notified. It was deemed advisable to close the schools; this was done, also the Sunday Schools and Picture House, after which the outbreak ceased."

"Sixteen cases of Tuberculosis have been notified during the year. Six deaths have occurred from Pulmonary Tuberculosis."

(1964. No cases; no deaths.)

"DEATHS:

Measles	....	....	1	<i>(1964 Nil)</i>
Whooping Cough	....	....	2	<i>(1964 Nil)</i>
Diphtheria	....	....	2	<i>(1964 Nil)</i>
Pneumonia	....	....	8	<i>(1964 2)</i>
Diarrhoea & Enteritis	...	...	3	<i>(1964 2)</i>

“Inconvenience is often caused in the scavenging arrangements owing to the horse owners not being able to supply a team and not notifying the Department of their inability to do so.”

“The scavenging of the district is carried out during the daytime, which is very objectionable owing to the foul nature of midden refuse and the nuisance caused is obvious, on seeing liquid filth dripping from the carts passing along the streets to the tip.”

“There are five premises licensed for the storage of Petroleum. The total quantity licenced to be stored is 470 gallons.”

(1964. 18 premises 13,700 gallons)

It would be wrong to place too much emphasis on the returns for a single year and yet I find the comparisons most interesting. Progress in environmental health rarely receives the credit it deserves and yet within the lifetime of many residents the improvements must have been enormous.

TABLE No. 1

Number of Visits					
Infectious Diseases	....	....	....	....	2
Factories	....	....	....	....	7
Drainage	....	....	....	....	47
Water Supply	....	....	....	....	3
Housing	....	....	....	....	113
Refuse Disposal	...	....	....	....	80
Rodent Control	....	....	....	....	193
Interviews	....	....	....	....	8
Shops	....	....	....	....	51
Atmospheric Pollution		....	....	....	313
Rainwater Gauge	....	....	....	....	366
Miscellaneous	....	....	....	....	663
Milk Samples	....	....	....	....	7
Slaughterhouse	....	....	....	....	73
Piggeries	....	....	....	....	6
Smoke Control	....	....	....	....	330
Temperature Reading		....	....	....	313
Water Samples (including Paddling Pool)	....				29
Offices, Shops & Railway Premises					
(Full Inspections)					2
Public Conveniences	....	....	....	....	34
Licensed Premises	....	....	....	....	2
					<hr/> 2643 <hr/>

TABLE No. 2

REPAIR OR REPLACEMENT

Work carried out under the Supervision of the
Public Health Inspector

Choked Drains	....	....	....	....	12
Defective Drains	....	....	....	....	3
Defective Sink Wastes		....	....	....	1
Defective Roofs	....	....	....	....	1
Unsatisfactory Food Premises	....	....	....	....	8
Smoke Nuisances	....	....	....	....	1
Burst Pipes	....	....	....	....	1
Dampness Alleviated	....	....	....	....	7
Defective Ashbins	....	....	....	....	136
Rat Infestation	....	....	....	....	27
Mouse Infestation	....	....	....	....	14
Noxious Accumulations		....	....	....	4
Defective W.C.'s	....	....	....	....	3
Flooded Cellars	....	....	....	....	2
Defective Chimney Stacks		....	....	....	3
Defective Water Service Pipes	....	....	....	....	1
Insect Infestations—Treated	14
Defective Eaves Gutter		1
General Timberwork Defective		2

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TABLE No. 3

Estimated Weights of House Refuse Collected

<i>Months</i>			<i>Ashbins</i>	<i>Weights</i>		
			<i>Emptied</i>	<i>Tipped</i>		
				<i>T.</i>	<i>C.</i>	<i>Q.</i>
January	....	....	15,281	277	0	0
February	....	....	13,176	244	10	0
March	....	....	13,106	214	10	0
April	....	....	15,286	271	5	0
May	....	....	13,011	256	15	0
June	....	....	14,204	263	5	0
July	....	....	15,242	280	15	0
August	....	....	13,587	243	0	0
September	....	....	13,782	233	15	0
October	....	....	14,597	240	15	0
November	....	....	15,482	234	15	0
December	....	....	15,066	303	8	0
			<hr/>	<hr/>		
			171,810	3,264	13	0

TABLE No. 4

Income from Salvage 1964-1965

	Waste Paper		Metal		Rags, etc		Total Cash £ s. d.
	T. C. Q.	£ s. d.	T. C. Q.	£ s. d.	C. Q. lb.	£ s. d.	
April ..	5 11 2	43 4 1½	1 17 0	9 5 0	1 3 14	1 13 9	52 9 1½
May ..	19 3 1	161 7 6					163 1 3
June ..	10 12 3	86 2 4					86 2 4
July ..	8 10 3	72 12 4					72 12 4
August ..	12 2 3	98 15 0					98 15 0
September ..	5 1 1	39 4 8					39 4 8
October ..	17 13 2	147 8 1½			2 3 5	2 10 4	149 18 5½
November ..	9 18 2	80 11 6					80 11 6
December ..	13 7 2	121 0 7					121 0 7
January ..	19 13 2	83 5 4					83 5 4
February..	5 9 0	44 19 3					44 19 3
March ..	19 0 0	168 3 0					168 3 0
TOTALS ..	146 4 1	1,146 13 9	1 17 0	9 5 0	3 6 19	4 4 1	1,160 2 10

TABLE No. 5

Tinned Goods, etc., Surrendered and Condemned

	lbs.	ozs.
7 Tins of Pork	70	10
6 Tins of Pork Luncheon Meat	10	13
6 Tins of Peas	7	2
3 Tins of Ox Tongue	13	0
Fish	154	0
2 Tins of Corned Beef	12	0
Ham and Bacon	98	0
1 Tin of Ham	12	1
1 Tin of Evaporated Milk	—	4
1 Tin of Stew	1	0
1 Jar of Apricot Jam	1	0
3 Tins of Tomatoes	1	14
3 Tins of Pineapple	3	0
3 Tins of Peaches	3	0
1 Tin of Baked Beans	1	0
1 Tin of Cream	—	4
	<hr/> 389	<hr/> 0 <hr/>

TABLE No. 6

**Carcases and Offal Inspected and Condemned
in Whole or Part in 1963**

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Horses	Pigs
Number killed ..	44	0	0	137	0	78
Number inspected	44	0	0	137	0	78
All diseases except Tuberculosis and Cysticerci -						
Whole carcasses con- demned	0	0	0	0	0	0
Carcases of which some part or organ was con- demned	4	0	0	2	0	4
Percentage of the number inspected affected with dis- ease other than Tuberculosis and Cysticerci ..	9.1%	—	—	1.5%	—	5.1%
Tuberculosis only -						
Whole carcass con- demned	0	0	0	0	0	0
Carcases of which some part or organ was con- demned	0	0	0	0	0	0
Percentage of the number inspected affected with Tuberculosis ..	—	—	—	—	—	—
Cysticercosis only -						
Carcases of which some part or organ was con- demned	0	0	0	0	0	0
Carcases submitted to treatment by refrigeration ..	0	0	0	0	0	0
Generalised and tot- ally condemned ..	0	0	0	0	0	0

TABLE No. 7
Animals Slaughtered in 1964

Description	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Beasts	4	4	4	3	4	4	4	4	2	3	5	5	44
Calves	—	—	—	—	—	—	—	—	—	—	—	—	—
Sheep & Lambs	—	—	13	24	12	6	—	19	12	6	36	8	137
Pigs	25	28	10	—	2	4	—	1	—	2	—	6	78

TABLE No. 8
Table showing Meat and Offal Condemned and Surrendered
Giving Weights in lbs. and Causes in Monthly Order

Description	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Abscesses	—	—	—	—	—	—	—	—	—	—	16	—	—
Distomatosis ..	—	—	1	—	—	16	—	—	—	—	—	—	33
Ascaris	—	—	—	—	—	—	—	—	—	—	—	—	—
Lumbricoides	24	—	8	—	—	—	—	—	—	—	—	—	32
Inflammation ..	—	$\frac{1}{2}$	$\frac{1}{2}$	—	—	—	—	—	—	—	—	—	1

TABLE No. 9

Atmospheric Pollution: Measurement of Smoke and Sulphur Dioxide by Volumetric Method

1964		SMOKE Microgrammes Per Cubic Metre			SO ₂ Microgrammes Per Cubic Metre		
Month		Average Value	Highest Value	Lowest Value	Average Value	Highest Value	Lowest Value
January	....	479	1156	128	558	1014	137
February	....	312	872	84	661	1157	274
March	....	239	648	96	221	382	108
April	....	155	284	56	164	297	84
May	....	85	268	48	109	258	40
June	....	94	212	28	109	226	19
July	....	77	148	44	116	195	58
August	....	124	336	48	124	354	52
September	....	127	292	48	169	452	58
October	....	346	632	72	281	471	96
November	....	346	772	72	308	764	121
December	....	404	1024	100	378	1329	93

TABLE No. 10

Rainfall for 1964

Month				Rainfall (inches)	No. of days on which rain fell
January	....	....	....	1.06	10
February	....	....	....	0.78	11
March	....	....	....	3.60	16
April	....	....	....	1.44	14
May	....	....	....	2.03	16
June	....	....	....	2.19	20
July	....	....	....	2.47	14
August	....	....	....	1.77	13
September	....	....	....	0.61	9
October	....	....	....	1.51	15
November	....	....	....	1.05	16
December	....	....	....	2.01	17
				20.54	171

TABLE No. 11

Rainfall 1933-1964

Year		Rainfall in Inches	Wettest Month
1933	....	23.41	February
1934	....	21.56	December
1935	....	29.07	October
1936	....	29.35	June
1937	....	28.84	February
1938	....	29.31	July
1939	....	29.37	July
1940	....	23.99	November
1941	....	27.13	January
1942	....	21.00	August
1943	....	23.53	January
1944	...	31.25	November
1945	....	29.63	May
1946	....	39.62	November
1947	....	34.34	May
1948	....	23.72	January
1949	....	24.60	July
1950	....	26.08	February
1951	....	31.08	November
1952	....	20.08	October
1953	....	19.43	August
1954	....	28.84	August
1955	....	16.51	December
1956	....	27.18	August
1957	....	22.45	August
1958	....	32.96	July
1959	....	20.43	April
1960	....	35.81	October
1961	....	23.71	January
1962	....	18.98	August
1963	....	23.25	June
1964	....	20.54	March

TABLE No. 12

Vehicle Mileage and Fuel Consumption, 1964

	Dennis (Petrol)		REFUSE COLLECTION Karrier (Diesel)		S. & D. (Diesel)		HIGHWAYS Ford Thames (Diesel)	
	OWY 979		3331 YG		CWR 899B		XYG 143	
	Total Miles	M.P.G.	Total Miles	M.P.G.	Total Miles	M.P.G.	Total Miles	M.P.G.
January ..	374	3.9	405	11.3	—	—	883	14.5
February .	324	4.2	359	11.6	—	—	781	18.6
March ..	366	3.9	418	11.9	—	—	642	13.7
April ..	420	4.1	443	12.0	—	—	864	17.6
May ..	396	4.7	401	10.5	—	—	647	17.0
June ..	372	4.3	399	11.7	—	—	550	12.0
July ..	258	3.7	379	8.4	108	5.4	586	14.7
August ..	—	—	314	8.5	283	10.5	463	13.6
September	—	—	372	11.6	348	7.6	641	19.4
October ..	—	—	336	11.8	384	12.0	531	17.7
November	—	—	361	10.6	346	8.7	573	14.7
December	—	—	334	5.9	333	6.7	932	15.5
Year's Total Miles	2,360	—	4,521	—	1,802	—	8,093	—
Year's Average m.p.g. ..	—	4.2	—	10.5	—	8.5	—	15.6

TABLE No. 13

Application for Council Houses

Register Number	Number of applications 31/3/64	Number of applications 31/3/65
1. Statutory overcrowding	0	0
2. Sexual overcrowding and inadequate accommodation. (The Council have adopted a standard of their own. Cases in this class are not overcrowded under the Housing Act)	17	7
3. Families in Lodgings	37	28
4. Applications for bungalows (including appli- cations for transfer)	156	186
5. Persons residing outside the district and employed in Horbury	6	6
6. Persons residing outside the district and employed outside the district	23	31
7. Applications in general from persons in Horbury at present adequately housed ..	48	55
	287	313

TABLE No. 14

Miscellaneous

Number of Meat Retail Vehicles	....	....	....	....	5
„ Food Hawkers Registered	....	....	....	....	13
„ Premises Registered under Food and Drugs Acts for Sale of Ice Cream	....	....	....	....	31
„ Premises Registered under Food and Drugs Acts for Sale of other Preserved Foods	....	....	....	....	7
„ Fish Friers	....	....	....	....	7
„ Bakehouses	....	....	....	....	5
„ Public Houses and Licensed Premises	....	....	....	....	18
„ Pet Animal Shops	....	....	....	....	2
„ Hairdressers	....	....	....	....	11
„ Applications for Certificates under Rent Act, 1957	....	....	....	....	0
„ Certificates Granted	....	....	....	....	0
„ Premises Registered under Offices, Shops and Railway Premises Act, 1964	....	....	....	....	49

TABLE No. 15

**Samples Taken by the West Riding County Council
Weights and Measures Department during 1964**

Milk		Drugs		Other Foods		Proceedings
Genuine	Adulterated	Genuine	Adulterated	Genuine	Adulterated	or Cautions
14	0	4	0	11	0	0

(Figures provided by the Chief Inspector of Weights and Measures)

TABLE No. 16

Milk Samples—Brucellosis

No. of Samples Taken	No. Positive	No. Negative
23	2	21

FACTORIES

There are 48 mechanical and 23 non-mechanical factories on the Register, building sites, etc., being added as applicable.

The factories comprise : —

Mechanical Power

Joiners	....	....	....	....	....	5
Wafers	....	....	....	....	....	1
Smith	....	....	....	....	....	1
Motor Vehicle Repairs	....	....	....	....	....	7
Bakehouse and Preserved Foods	....	....	....	....	....	4
Bootmaking and Repairing	....	....	....	....	....	1
Dressmaking, Shirts, etc.	....	....	....	....	....	1
Sheet Metal	....	....	....	....	....	1
Saddler, Leather Goods, Sports Goods	....	....	....	....	....	6
Rag Sorting, Grinding, etc.	....	....	....	....	....	2
Letterpress Printing	....	....	....	....	....	1
Mining Machinery	....	....	....	....	....	1
Wool Cutting and Packing	....	....	....	....	....	1
Canvas Sizing	....	....	....	....	....	1
Cabinet Repairs and Upholstering	....	....	....	....	....	1
Worsted Spinning	....	....	....	....	....	2
Wagon Repairs	....	....	....	....	....	2
Machining	....	....	....	....	....	2
Carding and Spinning, Synthetic Fibres	....	....	....	....	....	1
Oil Extracting	....	....	....	....	....	1
Currier	....	....	....	....	....	1
Tufted Carpets	....	....	....	....	....	1
Forging Welding	....	....	....	....	....	2
						<hr/>
						48
						<hr/>

Non-Mechanical

Cycle Repairs	....	....	....	....	....	2
Stonemason	....	....	....	....	....	1
Plumbers	....	....	....	....	....	7
Dressmakers	....	....	....	....	....	3
Tailors	....	....	....	....	....	2
Painters and Decorators	....	....	....	....	....	5
Polystyrene Tiles	....	....	....	....	....	1
Cropping and Raising	....	....	....	....	....	1
Maintenance and Repair of Radiators	....	....	....	....	....	1
						<hr/>
						23
						<hr/>

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH IN RESPECT OF THE YEAR 1964 FOR THE URBAN DISTRICT OF HORBURY IN THE COUNTY OF YORK

Prescribed Particulars on the Administration of the Factories Act, 1961

PART I OF THE ACT

1 INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

(1) Premises	(2) Number on Register	(3) Inspec- tions	(4) Number of Written Notices	(5) Number of Occupiers Prosecuted
(a) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authori- ties	23	4	—	—
(b) Factories not included in (a) in which Section 7 is enforced by Local Author- ity	48	3	—	—
(c) Other premises in which Section 7 is enforced by the Local Authority. (Excluding outworkers premises) ..	3	—	—	—
TOTAL	74	7	—	—

2 Cases in which DEFECTS were found (if defects are discovered at the premises on two, three or more occasions they should be reckoned as two, three or more “cases”).

Particulars (1)	No. of cases in which defects were found				No. of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)	—	—	—	—	—
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	—	—	—	—	—
TOTAL	—	—	—	—	—

PART VIII OF THE ACT

Outwork

(SECTIONS 110 and 111)

NONE LISTED

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Prescribed particulars to be included in the Annual Report to the Minister of Labour by Local Authorities and the London County Council under Section 60.

Table A — Registrations and General Inspections, 1964

Class of Premises (1)	Number of Premises Registered during year (2)	Total Number of Registered Premises at end of year (3)	Number of Registered Premises receiving a general inspec- tion during year (4)
Offices	7	7	—
Retail Shops	33	33	1
Wholesale Shops, Warehouses ..	2	2	1
Catering Establishments, Canteens	3	3	—
Fuel Storage Depots	1	1	—
TOTALS	46	46	2

Period Covered: 1964

**Table B — Number of Visits of all kinds by Inspectors
to Registered Premises — 26**

Table C — Analysis of Persons Employed in Registered

Premises by Workplace, 1964

Class of Workplace (1)	No. of persons employed (2)
Offices	35
Retail Shops	122
Wholesale Depts., Warehouses	9
Catering Establishments, open to the Public ..	8
Canteens	—
Fuel Storage Depots	2
TOTAL	176

Total Males 81 — Total Females 95

TABLES D & E: Nil

TABLE F: No. of Inspectors appointed under the Act:—1

